

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

**Caption in Compliance with D.N.J. LBR 9004-1(b)**

Ryan Gentile, Esq.  
110 Jericho Tpke - Suite 100  
Floral Park, NY 11001  
Tel: 201-873-7675  
Attorney for the Debtor

In Re:

Biny A. Baig

Case No.: 22-13439

Chapter: 13

Adv. No.: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Judge: Sherwood

**CERTIFICATION OF SERVICE**

1. I, Ryan Gentile :

☒ represent the Debtor in this matter.

☐ am the secretary/paralegal for \_\_\_\_\_, who represents  
\_\_\_\_\_ in this matter.

☐ am the \_\_\_\_\_ in this case and am representing myself.

2. On May 25, 2022, I sent a copy of the following pleadings and/or documents  
to the parties listed in the chart below.

(1) Debtor's Request for Loss Mitigation and (2) Order Granting Debtor's Request for Loss  
Mitigation

3. I certify under penalty of perjury that the above documents were sent using the mode of service  
indicated.

Date: May 25 2022

/s/ Ryan Gentile  
Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Select Portfolio Servicing 3217 S. Decker Lake Drive Salt Lake City, UT 84119	Secured Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
KML Law Group, PC 701 Market Street, Suite 5000 Philadelphia, PA 19106	Attorney for the Secured Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Marie-Ann Greenberg 30 Two Bridges Road, Ste 330 Fairfield, NJ 07004-1550	Trustee	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Office of The United States Trustee One Newark Center 1085 Raymond Boulevard Suite 2100 Newark, NJ 07102	United States Trustee	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
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		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)